

**TINJAUAN PERBEDAAN KEAKURATAN BERSASARKAN  
PENGETAHUAN DAN SIKAP PETUGAS KODING DALAM  
PENENTUAN KODE PENYAKIT RAWAT INAP DI RS PKU  
MUHAMMADIYAH TEMANGGUNG PERIODE TRIWULAN I TAHUN  
2017**

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**ABSTRAK**

Kompetensi utama rekam medis adalah menetapkan kode penyakit sesuai ICD-10. Berdasarkan survei awal dari 10 sampel DRM pasien rawat inap, 20% kode tidak akurat, 2 dari 3 petugas koding tugasnya merangkap pada semua URM. Penelitian ini bertujuan untuk menganalisis sikap dan pengetahuan petugas koding, serta prosentase keakuratan kode penyakit rawat inap sesuai ICD-10 di RS PKU Muhammadiyah Temanggung triwulan I tahun 2017. Penelitian deskriptif kualitatif dengan pendekatan retrospektif dilakukan dengan cara observasi dan wawancara. Populasi penelitian ini yaitu 3 orang petugas koding dan 96 DRM rawat inap triwulan I tahun 2017 berdasar teknik total sampling secara acak. Berdasarkan penelitian, sebagian besar petugas koding tergolong berusia dewasa, perempuan, pengalaman kerja 5-8 tahun, pendidikan terakhir D3 RMIK, tidak pernah mengikuti pelatihan. Sebagian besar petugas mengetahui bab-bab dalam ICD, namun petugas kurang memahami tujuan koding dan ICD-10 (Mr. M 48,49%, Mrs. T 18,18%, Mrs. D 45,45%). Sikap petugas koding sudah mendukung mengenai kode penyakit rawat inap. Petugas menentukan kode dengan langsung menuliskan leadterm pada SIMRS. 89,58% kode penyakit RI akurat. Saran, rumah sakit sebaiknya memberikan pelatihan kepada petugas koding, lebih memperhatikan karakteristik dalam seleksi petugas koding, dan menyediakan ICD-10 manual volume 1 dan 3. Petugas sebaiknya menuliskan kode penyakit rawat inap pada resume medis pasien.

Kata Kunci : Karakteristik, Pengetahuan, Sikap, Keakuratan, Kode Rawat Inap

**REVIEW DIFFERENCES OF ACCURACY BASED ON KNOWLEDGE  
AND ATTITUDES CODING OFFICERS ON INPATIENT DISEASE  
CODES DETERMINATION AT RS PKU MUHAMMADIYAH  
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**ABSTRACT**

The main competence of medical recorder was to establish disease code according to ICD-10. Based on a preliminary survey of 10 inpatient medical records, 20% code was inaccurate, 2 of 3 coding officers assigned duties to all MRD. This study aimed to analyze attitudes and knowledge of coding officers, as well as the accuracy percentage of hospitalization code according to ICD-10 in RS PKU Muhammadiyah Temanggung first quarter 2017. Qualitative descriptive study with retrospective approach was done by observation and interview. Population of this study were 3 coding officers and 96 inpatient medical records in first quarter 2017 based on a total random sampling technique. Based on the research, most of coding officers were classified as adults, women, work experience 5-8 years, last education Diploma of Medical Records and Health Information, and never attended training. Most officers know the chapters in ICD, but officers did not understand the purpose of coding and ICD-10 (Mr. M 48.49%, Mrs. T 18.18%, Mrs. D 45.45%). Coding officer Attitudes already supported hospitalization diseases code. Officers determined the code by directly writing leadterm on SIMRS. 89.58% hospitalization disease code was accurate. Recommendation, The hospital should provided training to coding officers, pay more attention on characteristics during coding officer selection, and provided manual ICD-10 volumes 1 and 3. The officer should write hospitalization disease code on patient's medical resume.

**Keyword** : Characteristics, Knowledge, Attitude, Accuracy, Hospitalization Code